Co Deporment of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failture to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9497	2 Fiscal Year Covered From		
	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Brett Hinsley	Name OP&CMIA Local #555		
	Labor Organization File Number 030-390		
PO Box Bldg Room No if any	P O Box Building and Room Number If any		
Street 7084 N Wilbur Avenue	Street 12812 NE Marx		
City Portland	City Portland		
State Oregon ZIP Code + 4 97217	State Oregon ZIP Code + 4 97230-1067		
5 Position in labor organization	State Oregon Zir Code +4 97/230-1067		
Executive Board Member			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income		
Name			
Trade Name if any			
PO Box Bldg Room No if any			
Street	7 b Amount.		
	<u> </u>		
City			
State ZIP Code + 4			
Signature			
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)			
Signed Brett Muse	On 8/11/05 (53) 232-9341.  Telephone Number		

Name of Person Filing Brett Hinsley		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)  Name OR/SW WA Cement Masons Apprenticeship Traini  Trade Name if any PO Box Bidg Room No if any Street 9848 E Burnside  City Portland  State Oregon ZIP Code + 4 97216-2330  10 if 9 b or 9 c is checked give trust or employer's name  Name Trade Name if any PO Box, Bidg Room No if any Street  City State ZIP Code + 4	Collective Bargain Union and provides  11 b Approximate dollar val	ing Fund received contributions under a particular success of the such dealing \$327,942	
	12 b Amount	\$464	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box, Bldg Room No if any  Street  City  State  ZIP Code + 4	14 a Nature of payment.  14 b Amount of payment.		
13 b is the Business an Employer or Consultant ?			